

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre	Non-Ministerial Group-C	Sub Cadre	Office Peon	Id No.	will be alerted by CS Division, LNB
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Select List Year (Allot Year) 1984

Name Details

Title	First Name	Middle Name	Sur Name	Initials
Mr.	Gopal		Kalita	<i>Kalita</i>

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth	01.03.1963	Date of Retirement	29.02.2023
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Community

OBC

Religion

Hindu

Father's Name

Late Jugeswar Kalita

Birth Details

Birth Place	Jhanjimukh, Teok	Birth State/UT	Assam	Nationality	Indian
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Birth District	Jorhat	Mother Tongue	Assamese
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Domicile	Assam	Physically Handicap Status	
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Blood Group	A +ve	Identification Marks	Black spot at Middle finger
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Marital Details

Marital Status	Married	Spouse Name	Putu Kalita
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Spouse Nationality	Indian
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Joining Details

Source of Recruitment		Joining Date	20.11.1984	Retirement Details	DR
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Departmental Examination Details

Level	Year	Rank
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1	Others	2,009
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2

3

Remarks (if any)

Language Known

		Read	Write	Speak	
Indian Languages Known	1	Assamese	Fluent	Fluent	Fluent
	2	Hindi	Limited	No	Limited
	3	English	No	Limited	Limited
	4				
	5				
Foreign Lang. Known	1				
	2				
	3				

Address Details

Permanant Address	Jhanjimukh Kumar Gaon, P.O. Jhanjimukh,		City	Jhanjimukh
	State/UT	Assam	Pin Code	785112
Present Contact Address	Hatigarh Seuj Nagar		City	Jorhat
	State/UT	Assam	Pin Code	785,010
	Phone (Off)	3,775,273,698	Fax.	
	Phone(Res)		Mob No	8,876,186,865
	E-Mail (Mandatory)	bbmajulidivision@gmail.com		

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)

Qualification		Discipline		Specialization 1	
Class IX					
Year	Division	CGPA	Specialization 2		
1,980					
Institution		University	Place	Country	
Jhanjimukh Janajati High S			Jhanjimukh	India	

Experience

Type of Posting		Level			
Designation		Present Position			
Ministry		Department			
Office		Place			
Experience Subject		Period of Posting			
Major	Minor	From	To		

Note:-Refer the Annexure to fill above Major, Minor Subjects and below given training subject

Training

Training Year	Training Name	Training Subject			
2,009	Training of Group-D for PB 1800	Training for up Gradtion Gr-C			
Level	Institute Name, Place	Field Visit Country	Field Visit Place (within India)		
C					
Sponsoring Authority	Period of Training		Duration	Result	
Brahmaputra Board	From	To	(in Weeks)	<input checked="" type="radio"/>	Qualified
	Nov 9, 2009	Nov 24, 2009	3 week	<input type="radio"/>	Not Qualified

Awards/Publications

Type of Activity :		<input type="radio"/> Academic	<input type="radio"/> Non Academic
Activity Area		Activity Subject	Activity Title
Day	Month	Year	Level
Activity Description/Remarks			

Note: (i) Concerned CSS officer is responsible for the correctness of information sent through ER Sheet proforma.

(ii) Subject to verification by the concerned administrative authorities.

Date : _____ Place : _____
Information checked and verified - by _____


Signature of Officer

Section Officer	Ministry/Department
E-mail Id	Room No. Building Name :
Phone No.	Wing No.